

## Foster Family Home - Corrective Action Report

Provider ID: 1-560434

Home Name: Thelma Ortal, CNA

Review ID: 1-560434-6

94-1079 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/12/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/12/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN  
Compliance Manager

Date

Thelma D. Ortal  
Primary Care Giver

Nov. 12, 2019  
Date